

Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>NVS3569AGZ</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>03/18/2010</b>
NAME OF PROVIDER OR SUPPLIER  <b>WILLOW CREEK MEMORY CARE WEST</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>3351 N BUFFALO DRIVE LAS VEGAS, NV 89129</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 000	<p>Initial Comments</p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws.</p> <p>This Statement of Deficiencies was generated as a result of an annual State Licensure survey conducted in your facility on 3/18/10. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division.</p> <p>The facility was licensed for 42 Residential Facility for Group beds for elderly and disabled person and/or persons with Alzheimer's disease. The census at the time of the survey was 30. Ten resident files were reviewed and ten employee files were reviewed. One discharged resident file was reviewed.</p> <p>The facility received a grade of A</p> <p>Complaint #NV00024220 was not substantiated.</p> <p>The following deficiencies were identified:</p>	Y 000		
Y 103 SS=D	<p>449.200(1)(d) Personnel File - NAC 441A / Tuberculosis</p> <p>NAC 449.200 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (d) The health certificates required pursuant to chapter 441A of NAC for the employee.</p>	Y 103		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Y 103	Continued From page 1  This Regulation is not met as evidenced by: Based on record review on 3/18/10, the facility failed to ensure 1 of 10 employees complied with NAC 441A.375 regarding obtaining a pre-employment physical Employee #9.  Severity: 2      Scope: 1	Y 103			
Y 255 SS=F	449.217(6)(a)(b) Permits - Comply with NAC 446 on Food Service  NAC 449.217 6. A residential facility with more than 10 residents must: (a) Comply with the standards prescribed in chapter 446 of NAC. (b) Obtain the necessary permits from the Bureau of Health Protection Services of the Division.  This Regulation is not met as evidenced by: Based on observation, interview and record review on 3/18/10, the facility failed to ensure the kitchen complied with the standards of NAC 446.  Findings include:  1. Cleaning and Sanitation Issues:	Y 255			

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Y 255	<p>Continued From page 2</p> <p>a. There were containers of undated, opened sour cream and cottage cheese in the kitchen reach-in refrigerator.</p> <p>b. Scoops without handles were being stored in the dry foods, such as in the sugar, salt, and bread crumbs, and scoops with handles were being stored in the dry foods with the handles laying in the food product.</p> <p>c. There was a slimy build-up on the interior of the ice machine, and the soda nozzles were soiled.</p> <p>d. Non-food contact surfaces of equipment were soiled, including the interior of the fryer cabinet, interior and exterior of the microwave, and the containers holding utensils.</p> <p>e. The floor and walls were soiled in the kitchen, and the floor and ceiling around the vent were soiled in the dishroom.</p> <p>2. Equipment and Maintenance Issues:</p> <p>a. The outside dumpster had no lid.</p> <p>b. The wet, soiled mop was left in the empty bucket.</p> <p>c. There was a household refrigerator/freezer in the nurses' station.</p> <p>d. The RPZ valve for the carbonator was improperly plumbed to drain through flex hose.</p> <p>Severity 2: Scope: 3</p>	Y 255			

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